

HAMILTON BOARD OF HEALTH 577 Bay Road, P.O. Box 429 Hamilton, MA 01936 Tel.:978-468-5579 Fax: 978-468-5582

APPLICATION for RETAIL SALES PERMIT TOBACCO and NICOTINE DELIVERY PRODUCTS

Fee: \$150.00, payable to: Town of Hamilton.

- 1. THIS APPLICATION IS FOR: □ NEW PERMIT □ RENEWAL
- 2. NAME OF RETAIL ESTABLISHMENT (as it appears on your Town of Hamilton Business License):
- **3.** ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):

4.	LOCATION OF ESTABLISHMENT:	MAILING ADDRESS (if different from location):
Address Line 1		Address Line 1
	ress Line 2	Address Line 2
	, State, Zip Code	City, State, Zip Code
5.	HOURS OF OPERATION: to	DAYS OF OPERATION: thru
6.	TYPE OF BUSINESS OWNERSHIP:	Chain Owned Independently Owned
7.		y Store Convenience Store Pharmacy
8.	NAME OF ESTABLISHMENT OWNER	R:
9.	HOME PHONE:	BUSINESS PHONE:
10.	EMAIL ADDRESS:	
11.	NAME OF MANAGER (if different from Owner):	
12.	MA Department Of Revenue CIGARETTE RETAILER'S LICENSE NUMBER:	
	(A copy of this license, or other proof o	f payment, MUST BE ATTACHED to this Application)
		9A, I certify under the penalties of perjury that, to my bes ax returns and paid all state taxes required under the law.

I declare that I have read the Hamilton Board of Health Regulations restricting the sale of tobacco products and nicotine delivery products (adopted June 25, 2014 and revised June 29, 2016) and prohibiting smoking in workplaces and public places (adopted June 25, 2014). I accept responsibility for instructing any and all employees who will be responsible for tobacco sales regarding these regulations.